Commonwealth of Virginia

Allen, Rebekah <rebekah.allen@vdh.virginia.gov>

Ch 932

Patricia Vannucchi <prayzdancing4joy@yahoo.com> Sun, Jul 12, 2020 at 2:38 PM
To: rebekah.allen@vdh.virginia.gov

Dear Ms. Allen,

I would like to have input into the CH. 932 Acts of Assembly 7/20/2020 meeting. I have great concerns about nursing home staffing.
Why, with the extra $20 per resident on Medicaid during the Covid crisis in long term care facilities, is my mother's nursing home advertising for 13 openings for a 60 bed facility? Why are they so short staffed that there are 2 CNAs on nights for 60 residents? Why are CNAs working double shifts?
We are not allowed window visits, for what I am fairly well assured is to prevent families from seeing their loved ones in bed all day (yes, someone went to the window not knowing the restriction initially and saw this).

Patricia Vannucchi

Sent from Yahoo Mail for iPad

Commonwealth of Virginia

Allen, Rebekah <rebekah.allen@vdh.virginia.gov>

Ch. 932 Work Group

khschroeder@bellsouth.net <khschroeder@bellsouth.net> Fri, Jul 17, 2020 at 12:25 PM
To: rebekah.allen@vdh.virginia.gov
Cc: carole.pratt@vdh.virginia.gov

Dear Ms. Allen and Dr. Pratt,

I hope that this note finds you well. I am so glad that the public has been invited to attend and offer comment, both written and oral, at these work groups. I look forward to attending as many as I can in the future. I have many concerns and I hope that you will consider addressing each one of these.

I thank you for your efforts to improve the elder care in both assisted living and nursing home facilities. We are looking forward to serious proposals to address these very critical issues. The current lack of care and lack of enforced facility operational procedures is outrageous. Many of us continue to be appalled at the never ending neglect and abuse and poor care at these facilities – reported in the news and in the state inspection reports. The public should be outraged and revolt.

At the heart of the matter are critical issues which contribute to these failures.

Where do the problems begin? We know where.

- **They begin with the owners and operators of these facilities.**
  - Facility operators "rent" the facility and from large companies (hedge funds/investment bankers) who own the land and facility itself. These companies squeeze the facility operators to meet their ROI requirements. Facility operators then skimp on training, staffing, background checks, training and care. There should be documented operational procedures but there aren't.
- **They begin with untrained and insufficient staff. [Why low headcount for staff, Why untrained staff, Why low paid staff?]**
  - There are no state requirements for staff levels (staff to resident/patient ratios). Few staff members cannot care for so many needy residents/patients. Failure to have sufficient staff to care for the elderly who have so many problems is a major problem.
  - Untrained and low paid staff is an issue. Part-time low paid staff contributes to high turnover – an operational mess. Inexperience, lack of training, increase the probability for serious error/death.
- **They begin with the total lack of control and tight reign over medicine dispensing in the facilities**

  - Med Techs should NOT be dispensing such complicated regimens of medicine to elderly residents with multiple health issues. They haven't a clue.
  - Inspection reports find bags of an assortment of drugs at the nursing station desk.
- **They begin with the total lack of state enforcement of any penalties.**

Looking at the State of Virginia Facility Inspection Reports we see…. year after year tragic on-going, never ending deficiencies. For example, The Dept of Social Services under Ivy Burnham (Hampton Roads area) continues to inspect these facilities up to 4-5 times a year, notes deficiencies, notes requirements of the facility operators to address problems AND…….nothing is done. The same serious, unforgivable things happen over and over…. abuse, failure to care, failure and abuse with respect to medicine administration, insufficient staff on board. It is the State of Virginia's responsibility to protect all Virginians including the elderly and frail.

This is my initial input. I/we all look forward to working with you to correct these issues.

Best regards,

Kathy Schroeder

Mobile/Text: 954 235-8671

Kathy Schroeder

Mobile/Text: 954 235-8671

Commonwealth of Virginia

Allen, Rebekah <rebekah.allen@vdh.virginia.gov>

Long term elder care facilities

Elizabeth Caine <caineec@icloud.com> Fri, Jul 17, 2020 at 12:57 PM
To: Rebekah.allen@vdh.virginia.gov

Dear Ms. Allen,
I am writing to in favor of the Dignity for the Aged fight for better care for those living in long-term care facilities. Virginia should establish a reasonable care-giver to resident mandated ratio and require this of all long term care facilities for the aged. The conditions in many long term elder care facilities are in humane to both the health care workers and the elder residents. Please do not ignore this problem while people continue to suffer.
Thank you!
Elizabeth Caine

Commonwealth of Virginia

Allen, Rebekah <rebekah.allen@vdh.virginia.gov>

Dignity for the Aged

Brenna Behel <brenna.behel@gmail.com> Fri, Jul 17, 2020 at 1:20 PM
To: Rebekah.allen@vdh.virginia.gov

Dear Ms. Allen,
Please vote yes to approve an increase for the caregiver to nursing home resident ratios. Our elderly need to be treated with humanity and respect.
Thank you.
Brenna Behel

Sent from my iPhone

Commonwealth of Virginia

Allen, Rebekah <rebekah.allen@vdh.virginia.gov>

Ch. 932 Work Group

khschroeder@bellsouth.net <khschroeder@bellsouth.net> Fri, Jul 17, 2020 at 1:50 PM
To: "Allen, Rebekah" <rebekah.allen@vdh.virginia.gov>
Cc: Audrea Pratt <carole.pratt@vdh.virginia.gov>

Dear Ms. Allen,

Thank you for your quick response. I appreciate it.

I have attached an overview presentation that I put together for myself and have shared it with many people – Senator Chuck Grassley's Chief Legal Counsel Evelyn Fortier; John Dicken with the GAO; Dr. Charlene Harrington, Professor Emerita of UCSF and an expert in Elder Care issues and others….. This is a good, though elementary, picture of the total problem. The issues are complex. The solutions will require the skills of people with outstanding critical thinking skills at a minimum. I sure hope that you and your work group may begin to implement solutions with some rapidity.

At the end of the day the State must send the message loud and clear to relevant state government departments and employees and facility owners/operators that the State of Virginia intends to correct this situation full force and that failure to enforce, act or ignore problems……. will not be tolerated. Virginia had a very low state ranking record among all states before Covid and now……. well……

I would urge you to check out Dr. Charlene Harrington who is beyond spectacular. She is an expert in the field and has given congressional testimony. Her opinion has been sought by the Wall Street Journal, New York Times, etc.

https://profiles.ucsf.edu/charlene.harrington

https://www.centerforhealthjournalism.org/resources/sources/charlene-harrington

I am hoping for much success as a result of your initiative.

Regards,

Kathy Schroeder

954 235-8671

[Quoted text hidden]

REFORM NEEDED NOW .pdf
1898K

A National Healthcare Crisis Exists
Assisted Living & Nursing Homes

A National Crisis Exists
in
Assisted Living and Nursing Homes
All Across the United States
Poor Resident Care

WELL DOCUMENTED IN INSPECTION REPORTS, INVESTIGATIVE REPORTING

The Tasks Before Us
Why the Crisis?
What to Do to Correct the Situation?

A VERY BLEAK U.S. PICTURE

Facility Operator Thin Profit Margins Results in Low Staffing, Poor Operations & Poor Care

THE PICTURE

Federal & State Laws Exist But Not Strongly Enforced

Assisted Living & Nursing Facility Operators

1. Larger Operators Have More Failures/Violations
2. Many Report Financial Losses Year Over Year
3. Research say that some "Game the System" with the Help of Lobbyists
4. Some false self-reporting on staffing discovered
5. Insufficient: Staffing, Training, Operational Procedures
6. Investment Banking Lease Ownership High Profit Margins Squeezing Facility Operators to Point of Poor Margins & Care
7. Lack of Financial Oversight of Reporting & Complex Aggregation Trend By Investment Banking and Private Equity firms

Federal Government Medicaid/Medicare Costs Will Escalate with Aging Population & Continued Costs Related to Facility Failures

Government Intervention Needed

To Ensure Excellent Resident Care

& to

Mitigate Rising Costs

Need Push For

1. Current Laws Enforced
2. End Of Political Donation & Favoritism/Cronyism
3. New Laws for staffing, training, increased financial & operational penalties
4. No Statute of Limitations for Filing Reports

Ugly Federal Healthcare Spending Picture

Healthcare spending rate is projected to grow faster than the GDP

- About 20 percent of Medicaid spending goes toward covering long-term care such as nursing homes. [LTC Consulting Services 2017]
- Medicaid spending on long-term care is expected to increase by 50% between 2016 – 2026 [LTC Consulting Services 2017]
- Medicaid pays between 45% and 65% of the total nursing home costs in the United States. [Payingforseniorcare.com June2019 updated]
- Medicaid accounts for $1 out of every $6 spent on health care in the US [Kaiser Foundation 2017]
- Medicare, which covers rehabilitation services after an individual is discharged from a hospital, pays for 19 percent of all long term care spending
- Between 2000 and 2015… as more people entered the aging population and needed long term care – expenditures increased
  from $30 Billion in 2000 to $225 Billion in 2015
- The financials in 2018 show an alarming trend given the aging population

Ugly Continuous Epidemic Of Nursing Home Abuse & Neglect

- Many recent reports have found substantial amounts of preventable (and costly) abuse and neglect at long-term care facilities.
  - According to the Elder Justice Roadmap, a 2014 initiative funded by the U.S. Department of Justice with HHS support… "Most adverse events in nursing homes – due largely to inadequate treatment, care and understaffing – lead to preventable harm and $2.8 billion per year in Medicare hospital costs alone (excluding additional – and substantial – Medicaid costs caused by the same events.)"
  - According to a 2014 Department of Health and Human Services (HHS) Office of Inspector General (OIG) report 59% of problems were preventable (excessive bleeding due to medication, falls or other trauma, several kinds of infections, pressure ulcers and acute kidney injury).

- Large for-profit nursing homes deliver the worst care and harm the most patients because they typically have fewer staff nurses than non-profit and government-owned nursing homes.
  - The 10 largest for-profit chains were cited for 36 percent more deficiencies and 41 percent more serious deficiencies than the best facilities
  - The worse care follows acquisition by private equity companies

- Long-term care is deteriorating, and government regulation is failing – very badly. Cited poor nursing homes fall back into providing dangerous care. [cited - The New York Times reported in July 2017]

Report: Center for Justice & Democracy, New York Law School NY, NY
Highlights – Document Attached

Some Key Findings: Nursing Homes

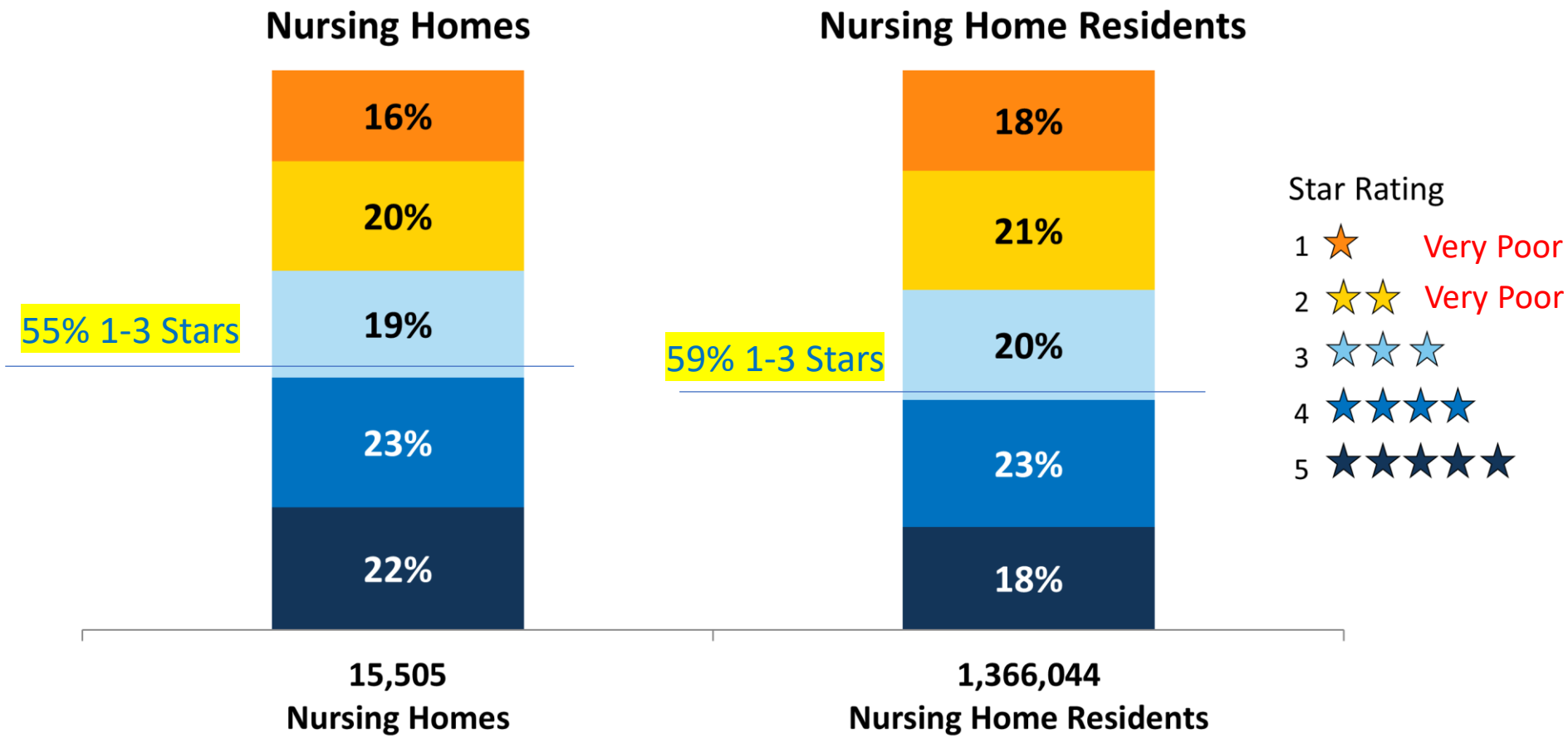
Federal Oversight Provided by (CMS) Centers for Medicare & Medicaid

- A recent federal study found that a third of short-term residents suffered harm.

- CMS has, since January 2017, begun to eliminate, delay, and dramatically reduce enforcement of key regulations that protect residents—and all such actions can be linked to requests by industry lobbyists. [Per a study by Charlene Harrington, a nursing home expert and emeritus professor of nursing at the University of California, San Francisco]

- Based on Medicare data analyzed by Kaiser Health News (July 13, 2018), most nursing homes had fewer nurses and caretaking staff than they had reported to the government. [Kaiser actually looked at payroll records and compared to facility self-reporting. Self-reporting, Kaiser says, allowed facilities to game the system…… Low staffing especially on weekends. (PBS Report)]
  - Of the more than 14,000 nursing homes submitting payroll records, 7 in 10 had lower staffing than reported
  - Medicare's payroll records for the nursing homes showed that there were, on average, 11 percent fewer nurses providing direct care on weekends and 8 percent fewer aides.
  - A quarter of facilities reported no registered nurses at work, an alarming statistic
  - While Medicare does not set a minimum resident-to-staff ratio, it does require the presence of a registered nurse for eight hours a day and a licensed nurse at all times
  - Medicare has rebuffed requests to set specific minimums, declaring in 2016 that it preferred that facilities "make thoughtful, informed staffing plans" based on the needs of residents.
  - As numerous studies have found, homes with lower staffing tended to have more health code violations

More than one-third of all US nursing homes have overall ratings of 1 or 2 stars, accounting for 39% of all nursing home residents



NOTE: Analysis is based on the overall composite star rating score for nursing homes. Analysis includes only nursing homes certified by either Medicare or Medicaid and excludes nursing homes with unavailable star ratings.
SOURCE: Kaiser Family Foundation analysis of Nursing Home Compare data, February 2015

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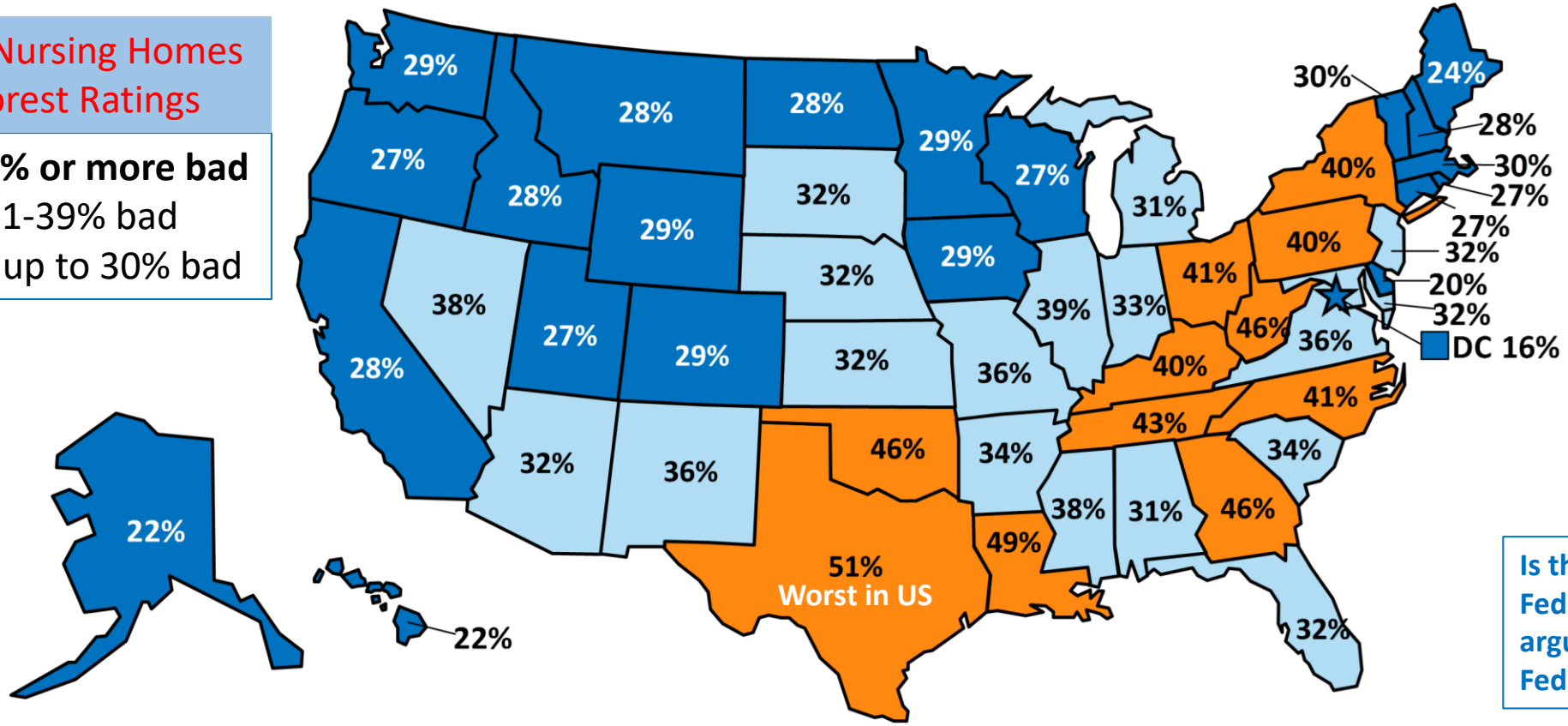
States That Have The Lowest Nursing Home Ratings (With 1 or 2 Stars)
Shocking Picture – High % for Worst of the Worst

Percent of Nursing Homes With Poorest Ratings

Orange – **40% or more bad**
Lite Blue – 31-39% bad
Dark Blue – up to 30% bad



Is there a relationship to Feds deferring to state arguments? Need better Federal standards?

Texas – 51% of Nursing Homes are Very Poor
Louisana – 49% of Nursing Homes are Very Poor

NOTE: Analysis is based on the overall composite star rating and includes only nursing homes certified by either Medicare or Medicaid.
SOURCE: Kaiser Family Foundation analysis of Nursing Home Compare data, February 2015

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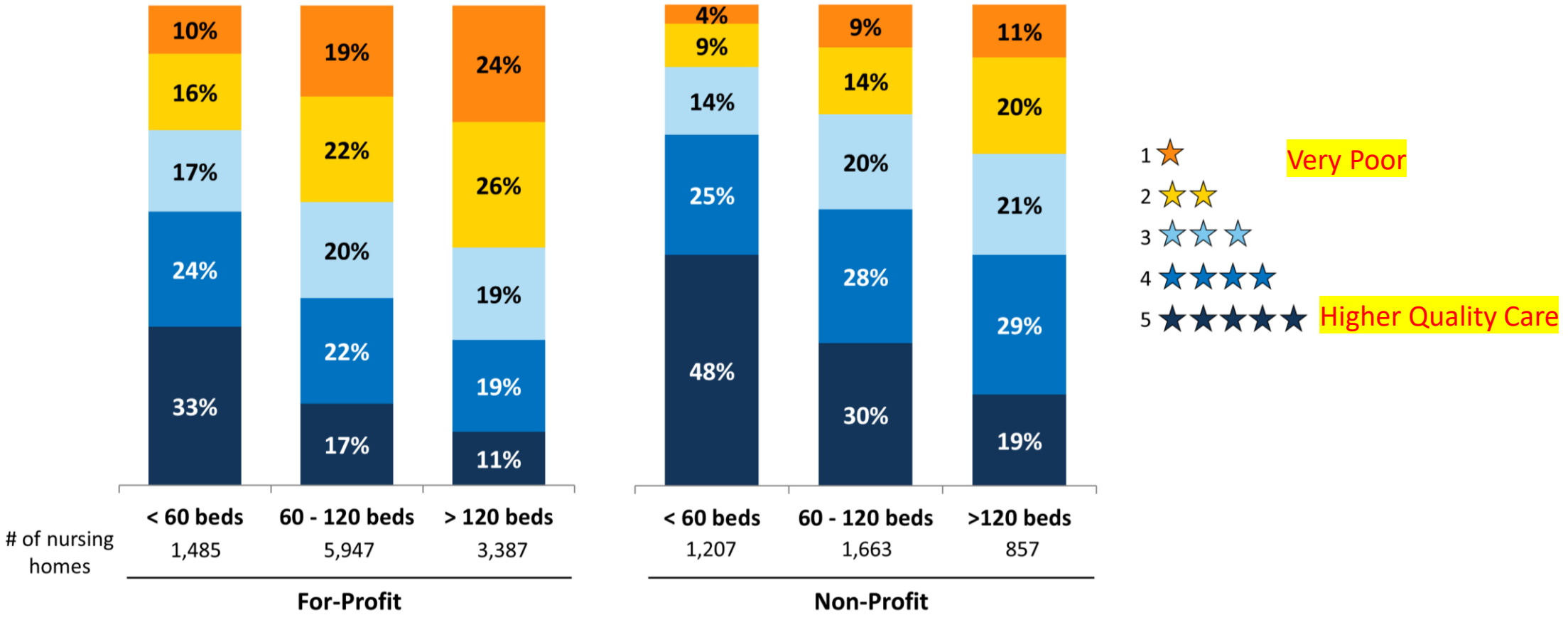
Larger For-Profit and Non-Profit Nursing Homes Have Lower Overall Ratings Than Smaller Ones

What is the Correlation to Their Profit Picture?



NOTE: Analysis is based on the overall composite star rating score for nursing homes. Analysis includes only nursing homes certified by either Medicare or Medicaid and excludes nursing homes with unavailable star ratings.
SOURCE: Kaiser Family Foundation analysis of Nursing Home Compare data, February 2015

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Top 23 Largest Providers of Senior Living

Rank	Provider Name	Total Senior Living Units	Assisted Living Units	Independent Living Units	Memory Care Units	Properties	Total Employees	Chief Executive	Title	Headquarters City/State
1	Brookdale Senior Living	90,526	49,740	27,888	12,898	988	71,277	Lucinda M. Baier	President & CEO	Brentwood, TN
2	Holiday Retirement	31,731	752	30,839	140	262	8,745	Lilly Donohue	CEO	Orlando, FL
3	Life Care Services	28,825	5,775	20,635	2,415	135	25,089	Joel Nelson	President & CEO	Des Moines, IA
4	Five Star Senior Living	26,762	12,709	10,471	3,582	280	25,000	Bruce Mackey	President & CEO	Newton, MA
5	Sunrise Senior Living	23,752	14,615	3,454	5,683	265	24,605	Chris Winkle	CEO	McLean, VA
6	Erickson Living	20,522	1,211	18,876	435	19	14,918	R. Alan Butler	CEO	Baltimore, MD
7	Atria Senior Living	20,136	9,300	8,212	2,624	168	15,243	John Moore	Chairman & CEO	Louisville, KY
8	Senior Lifestyle Corp.	18,486	8,235	7,123	3,128	180	10,461	Jon A. DeLuca	President & CEO	Chicago, IL
9	Affinity Living Group	12,538	7,461	1,566	3,511	150	7,500	Charles E. Trefzger, Jr.	President & CEO	Hickory, NC
10	Capital Senior Living	12,384	6,084	4,900	1,400	129	7,408	Lawrence A. Cohen	CEO & Vice Chairman	Dallas, TX
11	Enlivant	11,288	10,363	n/a	925	240	7,400	Jack Callison	CEO	Chicago, IL
12	Watermark Retirement Communities	8,770	2,814	4,942	1,014	52	6,000	David Barnes	President & CEO	Tucson, AZ
13	Integral Senior Living	8,750	2,765	4,761	1,224	80	4,298	Collette Valentine-Gray	CEO & COO	Carlsbad, CA
14	Milestone Retirement Communities	8,426	4,750	1,165	2,511	91	6,078	Patrick Dooley	COO	Vancouver, WA
15	Discovery Senior Living	7,416	2,260	4,362	794	49	4,320	Richard J. Hutchinson	CEO	Bonita Springs, FL
16	Leisure Care	7,112	1,778	4,979	355	44	3,000	Dan Madsen	President & CEO	Seattle, WA
17	American House Senior Living Communiti	6,439	936	5,018	485	58	2,068	Dale Watchowski	CEO	Bloomfield Hills, M
18	Pacifica Senior Living	6,405	2,985	1,632	1,788	67	4,100	Deepak Israni	Managing Partner	San Diego, CA
19	Frontier Management	6,322	3,479	699	2,144	80	4,500	Gregory Roderick	President & CEO	Portland, OR
20	Merrill Gardens	6,317	2,921	2,921	475	37	1,951	Dave Eskenazy	President	Seattle, WA
21	Senior Resource Group	5,983	3,153	2,417	413	32	3,875	Michael Grust	President & CEO	Solana Beach, CA
22	Eclipse Senior Living (formerly Elmcroft)	5,808	4,822	n/a	986	85	4,445	Kai Hsiao	CEO	Lake Oswego, OR
23	Gardant Management Solutions	5,588	5,299	66	223	56	2,450	Rod Burkett	CEO	Bradley, IL

Source: https://info.argentum.org/largest-providers

Top 20 Largest Providers By Operational Resident Capacity

Rank	Provider Name	Operational Resident Capacity
1	Brookdale Senior Living	90,526
2	Holiday Retirement	62,570
3	Life Care Services	34,590
4	Five Star Senior Living	31,804
5	Erickson Living	27,129
6	Sunrise Senior Living	27,112
7	Atria Senior Living	21,883
8	Senior Lifestyle Corp.	19,613
9	Capital Senior Living Corp.	16,500
10	Affinity Living Group	12,318
11	American Senior Communities	10,005
12	Watermark Retirement Communities	9,423
13	Milestone Retirement Communities	9,011
14	Eclipse Senior Living (formerly Elmcroft)	8,307
15	Leisure Care	8,181
16	Discovery Senior Living	8,061
17	Pacifica Senior Living	7,458
18	Senior Resource Group	7,179
19	Merrill Gardens	6,792
20	Frontier Management	6,322

Source – Argentum 2018

The Financial Picture of Larger Facility Operators Is Important

Why?

- They care for the largest number of residents
- Their care performance is relatively poor
- They receive the most Medicare & Medicaid funds
- Strong financial performance should correlate with ability to provide very good care
- Weak financial performance despite heavy Medicare and Medicaid funding is a red flag

Illustrative Example: Brookdale Senior Living Financial Statements

Annual Data | Millions of US $ except per share data		2018-12-31	2017-12-31	2016-12-31	2015-12-31	2014-12-31
Revenue		**$4,531.426**	**$4,747.116**	**$4,976.98**	**$4,960.608**	**$3,831.706**
Cost Of Goods Sold		$2,453.328	$2,602.155	$2,799.402	$2,788.862	$2,210.368
Gross Profit		**$2,078.098**	**$2,144.961**	**$2,177.578**	**$2,171.746**	**$1,621.338**
Research And Development Expenses		-	-	-	-	-
SG&A Expenses		$250.495	$255.446	$313.409	$370.579	$280.267
Other Operating Income Or Expenses		$-1,484.504	$-1,267.701	$-1,126.335	$-1,175.267	$-888.941
Operating Expenses		$5,125.675	$5,017.161	$5,008.063	$5,125.814	$3,916.611
Operating Income		**$-594.249**	**$-270.045**	**$-31.083**	**$-165.206**	**$-84.905**
Total Non-Operating Income/Expense		$16.441	$-318.076	$-368.175	$-385.158	$-245.826
Pre-Tax Income		**$-577.808**	**$-588.121**	**$-399.258**	**$-550.364**	**$-330.731**
Income Taxes		$-49.456	$-16.515	$5.378	$-92.209	$-181.305
Income After Taxes		**$-528.352**	**$-571.606**	**$-404.636**	**$-458.155**	**$-149.426**
Other Income		-	-	-	-	-
Income From Continuous Operations		**$-528.352**	**$-571.606**	**$-404.636**	**$-458.155**	**$-149.426**
Income From Discontinued Operations		-	-	-	-	-
Net Income		**$-528.258**	**$-571.419**	**$-404.397**	**$-457.477**	**$-148.99**
EBITDA		**$344.828**	**$627.228**	**$738.667**	**$614.517**	**$430.571**
EBIT		**$-594.249**	**$-270.045**	**$-31.083**	**$-165.206**	**$-84.905**
Basic Shares Outstanding		187	186	186	184	148
Shares Outstanding		187	186	186	184	148
Basic EPS		**$-2.82**	**$-3.07**	**$-2.18**	**$-2.48**	**$-1.01**
EPS - Earnings Per Share		**$-2.82**	**$-3.07**	**$-2.18**	**$-2.48**	**$-1.01**

Source: https://www.macrotrends.net/stocks/charts/BKD/brookdale-senior-living/financial-statements

Example 2: Capital Senior Living Financial Statements

Annual Data | Millions of US $ except per share data		2018-12-31	2017-12-31	2016-12-31	2015-12-31	2014-12-31
Revenue		**$460.018**	**$466.997**	**$447.448**	**$412.177**	**$383.925**
Cost Of Goods Sold		$294.661	$290.662	$273.899	$248.736	$230.495
Gross Profit		**$165.357**	**$176.335**	**$173.549**	**$163.441**	**$153.43**
Research And Development Expenses		-	-	-	-	-
SG&A Expenses		$35.389	$31.256	$35.316	$29.184	$26.884
Other Operating Income Or Expenses		$-59.541	$-71.038	$-63.445	$-62.405	$-63.159
Operating Expenses		$452.415	$459.155	$433.058	$393.342	$370.025
Operating Income		**$7.603**	**$7.842**	**$14.39**	**$18.835**	**$13.9**
Total Non-Operating Income/Expense		$-62.97	$-49.514	$-41.972	$-32.219	$-37.307
Pre-Tax Income		**$-55.367**	**$-41.672**	**$-27.582**	**$-13.384**	**$-23.407**
Income Taxes		$-1.771	$2.496	$0.435	$0.9	$0.719
Income After Taxes		**$-53.596**	**$-44.168**	**$-28.017**	**$-14.284**	**$-24.126**
Other Income		-	-	-	-	-
Income From Continuous Operations		**$-53.596**	**$-44.168**	**$-28.017**	**$-14.284**	**$-24.126**
Income From Discontinued Operations		-	-	-	-	-
Net Income		**$-53.596**	**$-44.168**	**$-28.017**	**$-14.284**	**$-24.126**
EBITDA		**$70.911**	**$75.19**	**$75.95**	**$74.302**	**$65.978**
EBIT		**$7.603**	**$7.842**	**$14.39**	**$18.835**	**$13.9**
Basic Shares Outstanding		30	29	29	29	28
Shares Outstanding		30	29	29	29	28
Basic EPS		**$-1.80**	**$-1.50**	**$-0.97**	**$-0.50**	**$-0.83**
EPS - Earnings Per Share		**$-1.80**	**$-1.50**	**$-0.97**	**$-0.50**	**$-0.83**

Source: https://www.macrotrends.net/stocks/charts/CSU/capital-senior-living/income-statement

Primary Factors Influencing Poor Care

- MANY facilities do not have sufficient staff (to cut costs? High turnover?) – resulting in poor negligent care
- Critical Need: CNAs (the lowest staff level) are low paid, work part time shifts with little to no benefits.
  - -These are the caregivers who touch the patients and residents each hour of the day
  - - More qualified caregivers would be attracted with higher pay and benefits
  - - Dedicated workers would lead to greater care stability and fewer failures/abuses/neglect
- Low pay leads to high turnover – burnout and quit and/or leave for better pay
- Turnover – leads to unstable, less well-trained staff and puts patients at risk
- Many patient problems can be alleviated with enough (proper staff ratios) and well-trained staff
- Many facilities have poorly qualified "Med Techs" administering complex medicines
  - They truly are ill-equipped to administer drugs for psychological, heart, kidney, blood pressure, etc.
  - They do not know the risks - severe contra-indication consequences
  - They are unsupervised
  - They often give one resident's anxiety drug to another patient to quiet them (dangerous play with narcotics)
- RNs (or LPNs) need to administer drugs and work in groups of 2 for safe administration

Across the States – Where State Inspections Do Occur

- Dollars Are Budgeted for Inspections and Results Reporting
- Multiple Inspections Per Facility Per Year
- Detailed Results are Reported By State Inspection Teams

The Result?

Violations – Often The Worst – Reported and Minimal Consequence to Facility Operators

Waste of Taxpayer Money
Facility Residents Remain at Great Risk
Inspectors Have Thankless Job & Low Morale

A Look at Virginia…….. Nursing Homes

An Article in Pilotonline.com By DAVE RESS JUN 21, 2019 DAILY PRESS LINK HERE

Dave says…. Analysis of U.S. Centers for Medicare and Medicaid Services records found:

- **Almost every nursing home in Hampton Roads had multiple violations in state inspections**

- Out of 64 area nursing homes, only two had no deficiencies in care reported, three facilities had 24 violations apiece

- Sentara Nursing Center Norfolk had the most, 32, including:
  - Failing to protect each resident from physical, mental and sexual abuse, physical punishment, and neglect
  - Failing to provide enough food and fluids to maintain a resident's health
  - Failing to provide safe and appropriate dialysis care for a resident
  - Failing to provide safe and appropriate respiratory care for a resident
  - Failing to provide safe and appropriate pain management for a resident
  - Failing to ensure that residents are free from significant medication errors
  - Failing to prevent new skin wounds from developing
  - Failing to provide and implement an infection prevention and control program

- **Regulators fined or suspended Medicare or Medicaid payments to only 14 of the 62 Tidewater homes that had problems**

Link: Abuse & Death Article 1 Link: Abuse Article 2

Dave Ress covers state and regional issues. He's reported on Virginia since 1990 and came back to the Daily Press in 2013. He is the author of "Municipal Accountability in the American Age of Reform," "The Half Breed Tracts in Early National America" and other works. Dave has a B.A. in economics and a Ph.D. in history.

A Look at Virginia…… Assisted Living Facilities Inspections

Some Summarized Findings

Source: https://www.dss.virginia.gov/facility/search/alf.cgi

- Failure to administer oxygen prescribed by doctor
- Failure to train CNAs – first aid, resident's condition, critical needs (dos and don'ts)
- Failure to properly coordinate with outside vendors – Hospice, etc.
- Failure to have adequate staff to patient ratios (day and night shifts)
- Failure to do background and criminal checks when hiring
- Failure of staff (CNAs) to stay with vulnerable residents – resident falls – not documented
- Failure to have nurses on duty at times
- Failure to properly administer medicine: [need RNs and doctors doing this]
    - wrong meds given
    - no meds given
    - meds given with no doctor's orders
    - meds given which are dangerous and doubled up (old and new meds)
    - failure to ensure medications administered in accordance with the physician's or other prescriber's instructions
    - giving wrong medicines
- Failure to report and document serious injuries
- Verbal and Physical Abuse and neglect of residents
- Failure to maintain certification in first aid, other areas
- Failure to keep accurate records of staff on duty (in event of accidents)

Large Facility Operators Have Reported Financial Losses Over Years These Larger Care Providers Also Have the Worst Care Records

Critical Thoughts/Questions
About Assisted Living & Nursing Home Operators

- If These Companies Are Losing So Much Money Year Over Year With Care Declining, Abuse on the Rise….
  - How and Why Do They Stay in Business?
  - Why Do Medicare and Medicaid Payments Continue Given Poor Performance & With No Improvement?
  - How Will They Ensure Care Improves Over the Current Poor Level?

- Are These Operators Forced to Reveal Income Specifically from Medicare and Medicaid?

- Operating Expenses Appear to Drive Negative Profitability
  - Why Are Operating Expenses so High
  - What Are the Details?
  - Can a GAO Auditor Examine?

- Are Their Losses Real or Paper Losses (to Refrain from Paying Taxes) Are They Gaming The System?

- Do the Laws Need to Be Changed for These Operators?

- Have/Can Key Executives be Subpoenaed to Explain:
  - the Financial Picture & Poor Operating Conditions?
  - Steps They Will Take and be Held Accountable to – To Ensure Patient/Resident Care?

Senior Living Investment Brokerage Reported the High Operating Margins of Senior Living Communities (Link to Article)

JANUARY 7, 2019
Jason Punzel

Operating Margins of Senior Living Communities compared with Apartment Buildings

Note: Here is What Is Said About: Operating Margins of Senior Living Communities

In analyzing hundreds of communities each year, we find a wide range in operating margins. Newer, larger communities have higher margins than older, smaller facilities. Communities with high occupancy rates have higher operating margins than facilities with lower occupancy rates.

However, stabilized assisted living communities typically have operating margins between 28-38%, and independent living communities between 35-40%+. If an assisted living facility also has a memory care component, the margin is typically lower, as the acuity and care level is higher for these residents. Since independent living communities do not provide care, it results in lower expenses and a higher operating margin.

Huge Disconnect with What This Article Says & What Facilities Report

A Critical Need Exists to Examine Facility Operators

Reported Financials - Operating Expense - Procedures

Facility “Leadership” or Lack Thereof – at the Facility Level

Hard Examination of Operators’ Failures

- WHAT IS THE DETAILED NATURE OF THEIR FAILURES?
- DO THEY THEMSELVES COLLECT, ANALYZE THESE VIA REPORTING?
- WHAT EXACTLY DO THEY DO ABOUT THEM? DETAILED EXPLANATION
- WHO MONITORS THEIR PROGRESS IN DETAIL?
- WHO ISSUES FINANCIAL AND OPERATIONAL PENALTIES?

All Facility Operators Should be Required (If They Don't Already) to Provide Detailed Financial Reports If Receiving Federal Aid

- Explanations of all Income Sources
- Detailed Explanations of all Operating Expenses

More Failures….
Federal & State Law Enforcement

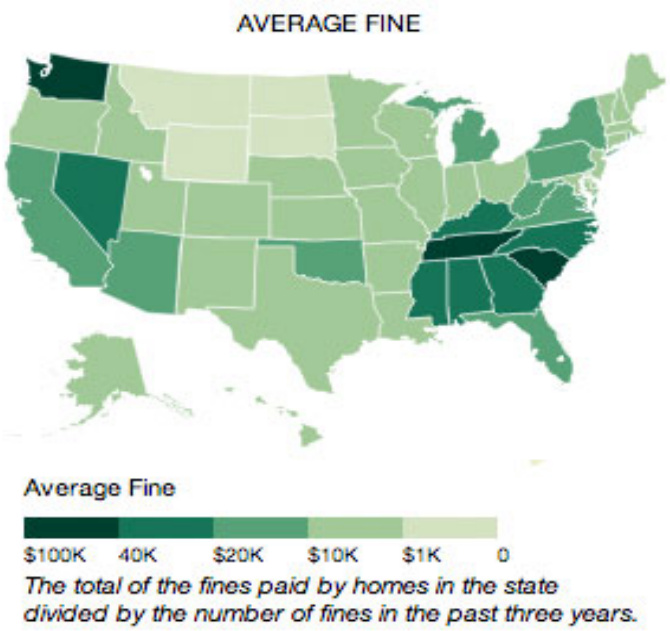
- Lack of Severe Financial and Operational Penalties To Stop Failures
- Lack of Law Enforcement – Local, State & Federal Levels

Why is This So?

Facility Failures Drive State & Federal Costs

They Receive CMS Aid

Enforcement Broken



A Balkanized System

CMS pays states to inspect nursing homes on its behalf. It gives states guidelines on when and how to impose penalties, and states recommend actions to CMS regional offices.

Those regional offices must approve sanctions before they are imposed, but CMS almost always accepts the states' recommendations. The federal government and states share the fine money.

Despite its authority, some experts say, the federal government has not done enough to standardize punishments.

"The enforcement system is broken," said Charlene Harrington, a nursing home expert and emeritus professor of nursing at the University of California, San Francisco. "If you don't go after these really bad violations and try to force these nursing homes to improve quality, they're going to continue to cause harm and jeopardy."

Urgent need to re-examine" the system of imposing fines, called civil monetary penalties (CMPs)

Source - Article: Two Deaths, Wildly Different Penalties: The Big Disparities in Nursing Home Oversight
ProPublica's updated Nursing Home Inspect tool shows that government fails to ensure consistent penalties for nursing homes in different states. by Charles Ornstein and Lena V. Groeger Dec. 17, 2012, 12 p.m. EST https://www.propublica.org/article/two-deaths-different-penalties-disparities-in-nursing-homes-oversight

Charlene Harrington's Finding Bears Reiteration

CMS has, since January 2017, begun to eliminate, delay, and dramatically reduce enforcement of key regulations that protect residents — and all such actions can be linked to requests by industry lobbyists.

Source: https://www.propublica.org/article/two-deaths-different-penalties-disparities-in-nursing-homes-oversight

Citizen Protection and Care Reduced
Due to Lobbyist CMS Pressure?

ABUSE VIDEOS FROM AROUND THE UNITED STATES

WE NEED TO STOP THE RAMPANT ABUSE

The Time is Now

Click on States Which are Links

Michigan

Texas

California

Law Firm Video

The surveillance footage, *captured the very first day the webcam was installed*, shows his mother's home health care worker (Brenda Floyd) cursing, berating, and using her hand to repeatedly hit the defenseless elderly woman on the back of the head—all for allegedly feeding a dog 'people' food.

Florida

Georgia

New York

Virginia

& Article

North Carolina

Fight Club Alzheimer's Residents

GRAVE CONFLICTS OF INTEREST
INVESTMENT BANKING/HEDGE FUND LEASE OPERATORS & FACILITY OPERATORS

the lease operators make money and facility operators in trouble due to lease operator greed.]

- For-profit nursing home operators are operating on very thin margins in the best of times.
- For-profit operators have the worst records for complying with regulations (compared to non-profits), including more citations for poor control of infections. They tend to have the lowest ratings from CMS (Medicare).
- Most (maybe Charlene has the percentage) for-profit operators lease their facilities from real estate investment trusts (REITs), hedge funds, private equity partnerships, etc., who own the buildings. These groups will often own a mix of nursing homes, assisted living facilities, and medical buildings.
- These REITs, hedge funds, private equity groups, etc, are lucrative for investors – this is where the big money is made.
- For-profit operators are tied to long term leases, during which the lease holders can raise the rent.
- This pandemic has destroyed the finances of many of these for-profit operations – much higher expenses, very few new residents, no money from hospital/rehab referrals.
- If the lease holders don't help with the rent, many of these for-profit operators could go under – hence the request for Federal money help
- There are worries that these Federal funds will be used to help the operators' financial sheets and to pay the lease holders, and that very little of the money will actually go to improve the quality of care for the residents.

GRAVE CONFLICTS OF INTEREST

POLITICIANS & LOBBYISTS WHO BECOME OVERSIGHT APPOINTEES

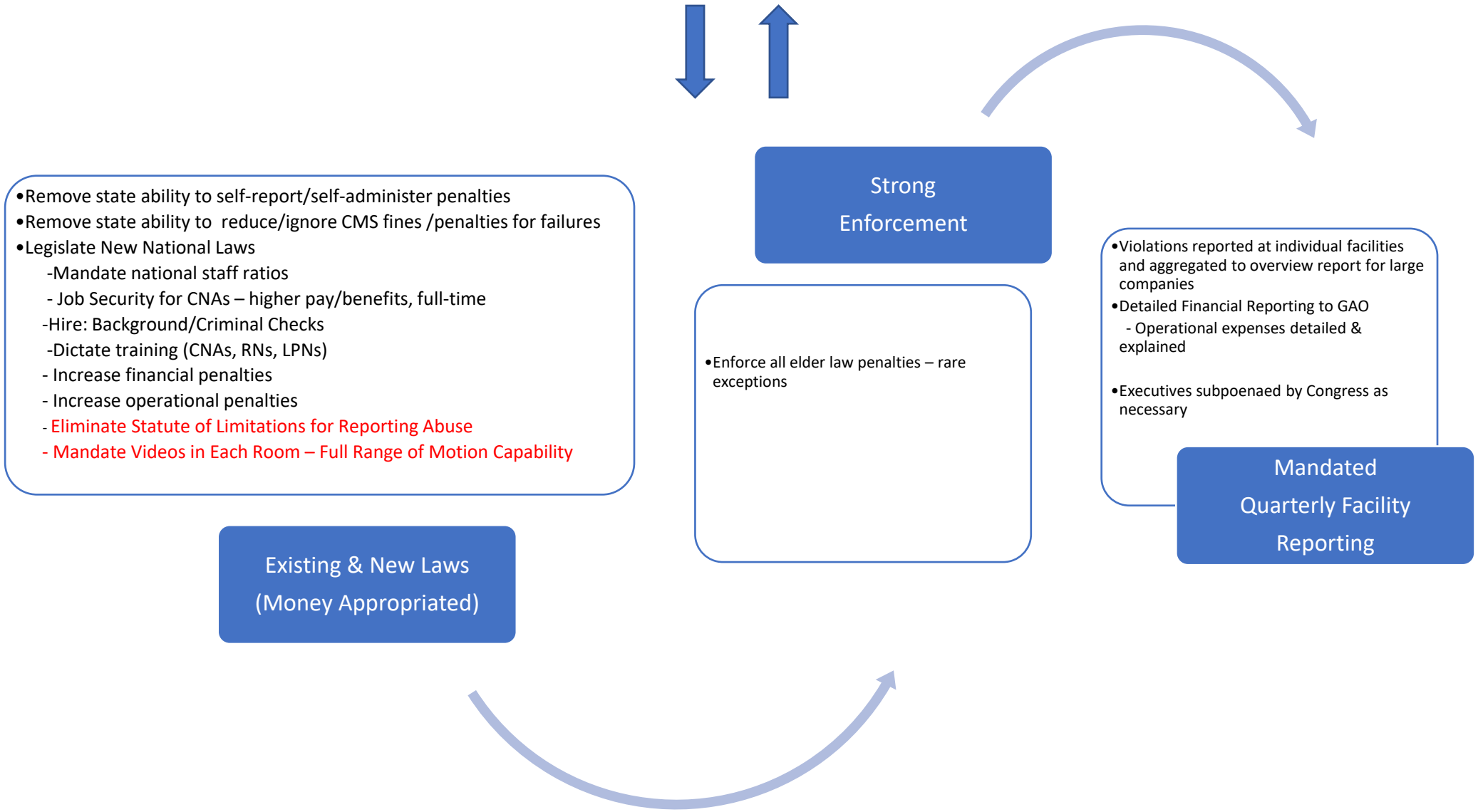
EXAMPLES – TIP OF THE ICEBERG

MITCH MCCONNELL AND HUMANA'S OLD FOUNDER

SECRETARY AZAR – HHS HEAD AND FORMER LOBBYIST

New Tougher Laws and Enforcement of Penalties Must Happen

New Laws to Punish Lobbyists' Efforts to Reduce/Kill Enforcement and Penalties



Commonwealth of Virginia

Allen, Rebekah <rebekah.allen@vdh.virginia.gov>

CH 932

Patricia Vannucchi <prayzdancing4joy@yahoo.com> Fri, Jul 17, 2020 at 2:43 PM
To: carole.pratt@vdh.virginia.gov, "rebekah.allen@vdh.virginia.gov" <rebekah.allen@vdh.virginia.gov>
Cc: Sam Kukich <skukich2002@yahoo.com>

I am writing to provide further input into the meeting to take place on 7/20/2020 regarding nursing home issues, specifically staffing.
I expressed in my previous email to Ms. Allen my concerns about how short staffing is at the home in which my mother now resides.

Because of how short they consistently are, in 2+ years of going on almost a daily basis, I have never witnessed a nurse or CNA washing their hands. I know at this point into the Covid isolation, that they are no longer taking my mother into the bathroom. In March, my mother was able to stand and transfer into a wheelchair. Instead, now they are using a Hoyer (hydraulic) lift to put her on the bed to change her. This means that she is sitting in urine and feces until they have time to do this and I have been told that when short, this may happen only once in an 8-hr. Shift. In the past month, my mother developed vaginosis from inadequate hygiene.

Sent from Yahoo Mail for iPad

Commonwealth of Virginia

Allen, Rebekah <rebekah.allen@vdh.virginia.gov>

Fw: CH 932

Patricia Vannucchi <prayzdancing4joy@yahoo.com> Fri, Jul 17, 2020 at 2:54 PM
To: "rebekah.allen@vdh.virginia.gov" <rebekah.allen@vdh.virginia.gov>

Dear Ms. Allen,

I am writing again regarding the staffing concerns at nursing facilities.

When CNAs have to work multiple jobs to make ends meet, they come into work exhausted much of the time. I have seen CNAs fall asleep while sitting in the dining room (when they are supposed to be encouraging/observing someone to eat). I have seen the look on their faces when arriving sleep deprived but still standing.

When short, CNAs are asked to do double shifts, however when LPNs are short, the facility hires agency nurses to fill the position. Of course, these agency nurses do not know the residents and are simply a warm body in place to pass meds.

Before Covid, I have walked into my mother's facility on a Sunday evening around 6-7 pm on a couple of occasions and there was not a staff member within sight. I walked the halls for 20 minutes before finally seeing a CNA. Where were the 2 nurses? Who was manning the desk? Anyone could have walked in and done anything they chose to do without being observed.

I have heard from former employees that when short, CNAs leave most of the residents in bed all day, except for the ones who have regular family visitors. I can only imagine how many people are being left that way now with Covid.

Patti Vannucchi, Daughter

Sent from Yahoo Mail for iPad

Commonwealth of Virginia

Allen, Rebekah <rebekah.allen@vdh.virginia.gov>

Ch. 932 Work Group Public Comment

Marc Fortunato <smallboat.fortunato1@gmail.com> Fri, Jul 17, 2020 at 5:01 PM
To: rebekah.allen@vdh.virginia.gov
Cc: carole.pratt@vdh.virginia.gov

Dear Madams,
I have a dear friend who is residing at the BAYSIDE OF POQUOSON LONG TERM Care AND Nursing Facilities.
She has resided at this facility for approximately 2 and one half yrs. in that time the facility has changed ownership 3 times . Each change of ownership has resulted in diminished care.
The resident has been subjected to numerous (almost daily) periods of having to sit in their urine and some times excrement for hours at a time .
There is a continuous shortage of staff and at times the staff that is on duty can not be found.
The patient has fallen out of bed several times and any attempt by their caretaker and family to have measures undertaken to prevent further incidents have been met with absolute resistance. On one occasion the patient received a head injury and Leision. When staff nurse was approached and asked if the doctor had seen and assessed
The patient ; I was informed there was no need.any At the time the patient was at least Entitled to be checked by a doctor to ensure there was no concussion. The nursing home rejected the idea of putting a half rail on the bed to prevent another fall. There was another fall and the patient had severe swelling and bruising on the head, still there was no doctor visit.
There have been many days when the patient has been left in bed for entire days
Apparently due to short staffing. There are many more examples of lack of care due to lack of staff in particular CNA's such as not providing the patient with her hearing aids and glasses.

Commonwealth of Virginia

Allen, Rebekah <rebekah.allen@vdh.virginia.gov>

CH 932 Work Group

Deborah Buchanan <apronsunite@gmail.com> Sun, Jul 19, 2020 at 7:31 AM
To: skukich2002@yahoo.com, rebekah.allen@vdh.virginia.gov, carole.pratt@vdh.virginia.gov

Basically I have 3 concerns and it is not the need for any new mandates/bills but to endorse what is already in place.

The question of **ratio of staff/residents** is a question for the unions to address.
Understaffed and underpaid. Our Nursing Home staff is exhausted. Covering extra shifts for no shows. Having a schedule that allows only the bare minimal care to be given to residents.
Plus difficult home lives. Everyone has a family member that is suffering from substance use disorder. COVID -19 comes to us in the midst of the opioid epidemic.
And again for further backing of fair ratio of staff/residents look at what is required by federal regulations and overlooked often in the annual survey/evaluation by the state licensing agencies.

-- Secondly the question of **federal regulations as outlined in Obra '87**, need to be adhered to. These are the minimal guidelines for Nursing Homes.
https://www.ncmust.com/doclib/OBRA87summary.pdf#:~:text=The%20Federal%20Nursing%20Home%20Reform%20Act%20or%20OBRA,its%20common%20name%20%E2%80%9COBRA%E2%80%9D%20through%20the%20legislative%20process.

The changes OBRA brought to nursing home care are enormous. Some of the most important resident provisions include:
• Emphasis on a resident's quality of life as well as the quality of care;
• New expectations that each resident's **ability to walk, bathe, and perform other activities of daily living will be maintained or improved absent medical reasons;**
• A resident assessment process leading to development of an individualized care plan 75 hours of training and testing of paraprofessional staff; • Rights to remain in the nursing home absent non-payment, dangerous resident behaviors, or significant changes in a resident's medical condition;
• New opportunities for potential and current residents with mental retardation or mental illnesses for services inside and outside a nursing home;
• A right to safely maintain or bank personal funds with the nursing home; **Rights to return to the nursing home after a hospital stay or an overnight visit with family** and friends The **right to choose a personal physician and to access medical records**;
• The right to organize and participate in a **resident or family council;**
• The right to be free of unnecessary and inappropriate **physical and chemical restraints**;
• Uniform certification standards for Medicare and Medicaid homes;
• **Prohibitions on turning to family members to pay for Medicare and Medicaid services**; and
• New remedies to be applied to certified nursing homes that fail to meet minimum federal standards.

There is little coaching to help residents to improve in independence with ADL's. Some are forced to be wheelchaired bound if they are likely to fall.
And therefore lose the ability to walk. No chairs with arms in the room are not allowed-diminishing the ability to transport, No arms on chairs that they have nothing to bear down to lift themselves up. Easier to place a depends on the residents than help w/ bathroom skills. Some residents are given plastic eating utensils rather than metal making it more difficult to feed themselves. No rims allowed on plate.

Care plans are not done with family members-those with POA or with those who have done full time care at home.

Forbidden to have outside appointments is common. Many of the residents have lost their dentures w/in the nursing homes. Medicaid fully covers dentures, podiatry care, and eye care but no one takes the residents to outside services.

Forbidden to take residents home for the weekend, or even an overnight stay. This would take some of the workload off of staff members especially during the weekends when the staff/residents ratios are the worst. Many times no RN on site for the weekends. No administrator present and the MD is only on call.

Questionable health providers. A medical doctor is to give service to the residents. Some of them do not have medical degrees but only a 4 year health degree.
No special training in geriatrics, diabetics, neurological disorders. No benzos are to be given to most seniors. And never given with opioids and yet
we see prescriptions for hydrocodone and ativan hand in hand.
A medical director is to review the medical records to make certain of compliance and no false claims are done. No double billing is allowed.
Charges to family members without itemized billing and out of compliance for possible double billings. To the families and Medicaid.

Family or resident counsel appears to be window dressing. Issues of special meals, what activity they would like to see are acceptable topics.
But family members are many times excluded from these meetings. Therefore no representation for those with cognitive impairments.

No questions are discussed of quality of care. Failed air conditioning at times. Not adequate back up generators with power failure.

No phone service designated for residents use only. Family must call the main number and many times there is no answer. Purposely increasing isolation.
No allowing family to come and go as they please in the nursing home. Telling them they have to leave before 10 pm.

A diabetic friendly diet is not offered. Some NH serve only frozen foods. No proper checking of blood sugars.No checking of fasting blood glucose. Missing dosages of insulin. Not calling in prescriptions on time.

Antipsychotics are forbidden to be given to residents of dementia. This is stated in every resident's rights book. Seroquel- AstraZeneca's antipsychotic has become the number one prescription for behavior modification.Seroquel is known to create diabetics and increase the risk of a heart attack threefold. In 2011 the Attorneys General of 36 states sued AstraZeneca for over 68 million for their prescribing to our most vulnerable populations -children and the elderly.

You can read more here: https://www.atg.wa.gov/news/news-releases/states-reach-record-685-million-settlement-seroquel-maker

Federal law prohibits pharmaceutical manufacturers from marketing their products to treat conditions other than those approved by the U.S. Food and Drug Administration. The states claim AstraZeneca unlawfully marketed Seroquel as an appropriate treatment for some children and nursing home residents and to treat conditions including Alzheimer's Disease, dementia, anxiety, depression, sleep disorders, and post-traumatic stress disorder. At the time, AstraZeneca had not established that Seroquel was safe and effective for these uses.
Atypical antipsychotics, including Seroquel, can produce dangerous side effects, including hyperglycemia, diabetes, cardiovascular complications and an increased risk of mortality in elderly patients with dementia.

This creates heavy lethargy in the patient-- furthering the cognitive impairment and diminishing ADL. The residents lose the will/energy for ADL's and adds more workload to the CNA's. So it is a vicious circle. Takes away behavioral problems but also the ADL's

More on Seroquel can be read here:https://www.astrazeneca.com/media-centre/press-releases/2010/AstraZeneca-Finalises-US-Agreement-On-SEROQUEL-Marketing-27042010.html#
Some are referring to it as slow euthanasia.

And how many residents are under state custody? No one to advocate for them.
How many of them have an appointed guardian that is working in the nursing home?
Totally forbidden.

10 Special Focus Facilities in VA-- High Alarm -residents and workers at great risks-and 10 listings is only of the lowest ratings in the state-
https://nursinghomesabuseadvocate.com/watchlist/virginia/

In particular Envoy in Richmond- look at these deficiencies including **unsafe staffing levels** ⓘ **despite large revenues**
ENVOY OF generated $15,458,233 in annual gross patient revenues according to its most recently available Annual Medicare Cost Report (ending on December 31, 2018).

https://nursinghomesabuseadvocate.com/nursing-homes/envoy-of-westover-hills/

Overstaffing happens at the time of the annual reviews of the licensing agency. Totally forbidden. Does anyone report such abuse?

Please look at the annual surveys and you can see that our regulatory agencies are turning a blind eye to the abuse. Writes up for not placing the utensils in the upright position in the dishwasher. Dated food in the refrigerator.

Review of medical records? Review of billing practices? Qualifications of supervisory staff? Substance use disorder among how many administrative staff?
Very seldom do you see any write ups.
It is unconscionable how nursing homes make profit but deny basic care for its residents.

Third, is the **need of regulatory agencies to function**.
Mandated workers are the first defense against elder abuse, nursing home abuse.
If an abuse is noticed by the survey team and it is evidence by staff that this protocol was ignored and not only patients' quality of care diminished but
lives have been jeopardized, there needs to be consequences for the mandated reporter. It is written there will be fines issued, possible firing of the mandated reporter, write up for the MISCONDUCT... And the quick follow up by state agencies needs to be monitored. APS, Council of Aging, Ombudsman.

Deborah Y. Buchanan, MA

Commonwealth of Virginia

Allen, Rebekah <rebekah.allen@vdh.virginia.gov>

Ch. 932 Work Group Public Comment

Lionel Decuir <lioneldecur@gmail.com>
To: "rebekah.allen@vdh.virginia.gov" <rebekah.allen@vdh.virginia.gov>
Cc: "carole.pratt@vdh.virginia.gov" <carole.pratt@vdh.virginia.gov>

Sun, Jul 19, 2020 at 11:25 AM

Sent from Mail for Windows 10

This is Lionel DeCuir with Dignity for The Aged.

Could I say something please.

Considering the number of Representatives from many stakeholders serving as members of the work group, it is very surprising to me that some basic facts concerning the Commonwealth are not common knowledge. Virginia is ranked 36th and has an overall grade of D and that was before the Pandemic hit nursing homes and assisted living facilities. The volume of data available concerning nursing home cases of neglect, abuse, and death due to the lack of sufficient staffing is overwhelming and yet, here we are again. Maybe a quick way to get the job done and bring reality into the picture would be to select a few of the members of this panel and have them spend a week at a nursing home or an assisted living facility. Maybe if they could see firsthand what it is like to lay in a bed like my wife did her own feces for 4 hours for someone to change her or experience firsthand what it is like to push a call button and wait two hours. I am tired of waiting; I am 81 years old - how much longer will it take for someone to do their job and pass this bill to help the elderly live with some Dignity? I say again, HOW LONG

This is Lionel DeCuir with Dignity for The Aged.

Can I say something again?

After hearing and seeing the comments concerning substandard care, I am glad that you are providing an opportunity for the Office of Licensure and Certification to assist this work group with some of the issues related to the complaint intake process. I am very familiar with this process as are many in Dignity for The Age members. Many have submitted complaints, waited several months for a confirmation notice. If the complaint is deemed valid, a notification of an investigation will be taking place when time is available within a 2-year period. After the results are provided the facility is given a period of time to correct these actions.

In theory this may seem to be an effective procedure, but in reality, when care is not provided, the resident at the facility is at risk while waiting for a response and while the investigation is taking place. Family members are stressed out trying to provide care and hoping retribution will not occur in response to reporting an incident. Most times this investigation process takes place over several months and results in nothing being done.
It appears as though there are many people who have job security in writing reports and conducting investigations while the elderly residents suffer in silence or die while waiting. **My wife died while waiting. How many more of our loved ones are going to have to die before something is done?**

Commonwealth of Virginia

Allen, Rebekah <rebekah.allen@vdh.virginia.gov>

Ch. 932 Work Group Public Comment

Lionel Decuir <lioneldecur@gmail.com> Sun, Jul 19, 2020 at 11:38 AM
To: "rebekah.allen@vdh.virginia.gov" <rebekah.allen@vdh.virginia.gov>
Cc: "carole.pratt@vdh.virginia.gov" <carole.pratt@vdh.virginia.gov>

Sent from Mail for Windows 10

FOUR MAIN SITES- For those new to nursing home advocacy these three sites may be very helpful to you or your organization. Revised- **July 17, 2020- From Dignity for the Aged**

medicare.gov/nursinghomecompare

Medicare- Nursing Home Compare has detailed information about every Medicare and Medicaid certified nursing home in the country. In most cases you can see the actual state survey reports for the last three years for each nursing home.

familiesforbettercare.com

Families For Better Care- Nursing Home Report Cards analyzes, compares and ranks states nursing home quality. Example Hawaii is ranked 1st the best and Texas is ranked 51 the worst. Information is given in detail on each individual state. CALIFORNIA- Ranked 22, VIRGINIA- Ranked 36

nursinghomesabuseadvocate.com

Nursing Homes Abuse Advocate- Collects and makes available investigations conducted by state and federal nursing home inspectors.

NHAA Watchlist- Our Watchlist tracks those nursing homes that have been found to harm residents, have unsafe practices, unsafe staffing, and the worst rankings.

theconsumervoice.org

The Consumer Voice is the source for long-term care education, advocacy and policy analysis at both the state and federal level. Consumer Voice is tracking various policies and practices regarding each state's response to the COVID-19 crisis in nursing homes and assisted living facilities. Find your state's information.

Commonwealth of Virginia

Allen, Rebekah <rebekah.allen@vdh.virginia.gov>

RE: SUBMISSION TO Ch. 932 Work Group

khschroeder@bellsouth.net <khschroeder@bellsouth.net> Sun, Jul 19, 2020 at 12:57 PM
To: "Allen, Rebekah" <rebekah.allen@vdh.virginia.gov>
Cc: Audrea Pratt <carole.pratt@vdh.virginia.gov>

Dear Ms Allen and Dr. Pratt,

I apologize. Please use this version. I noted typo errors.

Thanks,

Kathy Schroeder

954 235-8671

From: khschroeder@bellsouth.net <khschroeder@bellsouth.net>
Sent: Sunday, July 19, 2020 12:48 PM
To: 'Allen, Rebekah' <rebekah.allen@vdh.virginia.gov>
Cc: 'Audrea Pratt' <carole.pratt@vdh.virginia.gov>
Subject: RE: SUBMISSION TO Ch. 932 Work Group

Dear Ms Allen and Dr. Pratt,

I would like to submit the attachment above for your consideration.

Best regards,

Kathy Schroeder

954 235-8671

From: Allen, Rebekah <rebekah.allen@vdh.virginia.gov>
Sent: Friday, July 17, 2020 1:19 PM
To: khschroeder@bellsouth.net
Cc: Audrea Pratt <carole.pratt@vdh.virginia.gov>
Subject: Re: Ch. 932 Work Group

Hi Ms. Schroeder,

Thank you for sending your comments with Dr. Pratt and I. Your written comments will be shared with the members of the Chapter 932 (2020 Acts of Assembly) work group in advance of the July 20th meeting. Additionally, a summary of all written public comments received during the course of the work group activities will be included in the final report submitted to the General Assembly.

Thank you again!

NOTE: Our office is on a remote-work plan in an effort to mitigate the spread of COVID-19. We have full access to our telephones, email and documents. If you need to reach me by telephone, please call my office number below.

Rebekah E. Allen, JD
Senior Policy Analyst

Virginia Department of Health
Licensure & Certification
9960 Mayland Drive, Suite 401
Henrico, VA 23233

Work: (804) 367-2157
Fax: (804) 527-4502
Email: rebekah.allen@vdh.virginia.gov

VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia.

Facebook | Twitter | YouTube

On Fri, Jul 17, 2020 at 12:25 PM <khschroeder@bellsouth.net> wrote:

> Dear Ms. Allen and Dr. Pratt,
>
> I hope that this note finds you well. I am so glad that the public has been invited to attend and offer comment, both written and oral, at these work groups. I look forward to attending as many as I can in the future. I have many concerns and I hope that you will consider addressing each one of these.
>
> I thank you for your efforts to improve the elder care in both assisted living and nursing home facilities. We are looking forward to serious proposals to address these very critical issues. The current lack of care and lack of enforced facility operational procedures is outrageous. Many of us continue to be appalled at the never ending neglect and abuse and poor care at these facilities – reported in the news and in the state inspection reports. The public should be outraged and revolt.
>
> At the heart of the matter are critical issues which contribute to these failures.
>
> ## Where do the problems begin? We know where.
>
> - **They begin with the owners and operators of these facilities.**

- Facility operators “rent” the facility and from large companies (hedge funds/investment bankers) who own the land and facility itself. These companies squeeze the facility operators to meet their ROI requirements. Facility operators then skimp on training, staffing, background checks, training and care. There should be documented operational procedures but there aren’t.

- **They begin with untrained and insufficient staff. [Why low headcount for staff, Why untrained staff, Why low paid staff?]**
  - There are no state requirements for staff levels (staff to resident/patient ratios). Few staff members cannot care for so many needy residents/patients. Failure to have sufficient staff to care for the elderly who have so many problems is a major problem.
  - Untrained and low paid staff is an issue. Part-time low paid staff contributes to high turnover – an operational mess. Inexperience, lack of training, increase the probability for serious error/death.

- **They begin with the total lack of control and tight reign over medicine dispensing in the facilities**
  - Med Techs should NOT be dispensing such complicated regimens of medicine to elderly residents with multiple health issues. They haven’t a clue.
  - Inspection reports find bags of an assortment of drugs at the nursing station desk.

- **They begin with the total lack of state enforcement of any penalties.**

Looking at the State of Virginia Facility Inspection Reports we see…. year after year tragic on-going, never ending deficiencies. For example, The Dept of Social Services under Ivy Burnham (Hampton Roads area) continues to inspect these facilities up to 4-5 times a year, notes deficiencies, notes requirements of the facility operators to address problems AND…….nothing is done. The same serious, unforgivable things happen over and over…. abuse, failure to care, failure and abuse with respect to medicine administration, insufficient staff on board. It is the State of Virginia’s responsibility to protect all Virginians including the elderly and frail.

This is my initial input. I/we all look forward to working with you to correct these issues.

Best regards,

Kathy Schroeder

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VIRGINIA MEETING.pdf
387K

VIRGINIA SENIOR CARE – ASSISTED LIVING AND NURSING HOMES

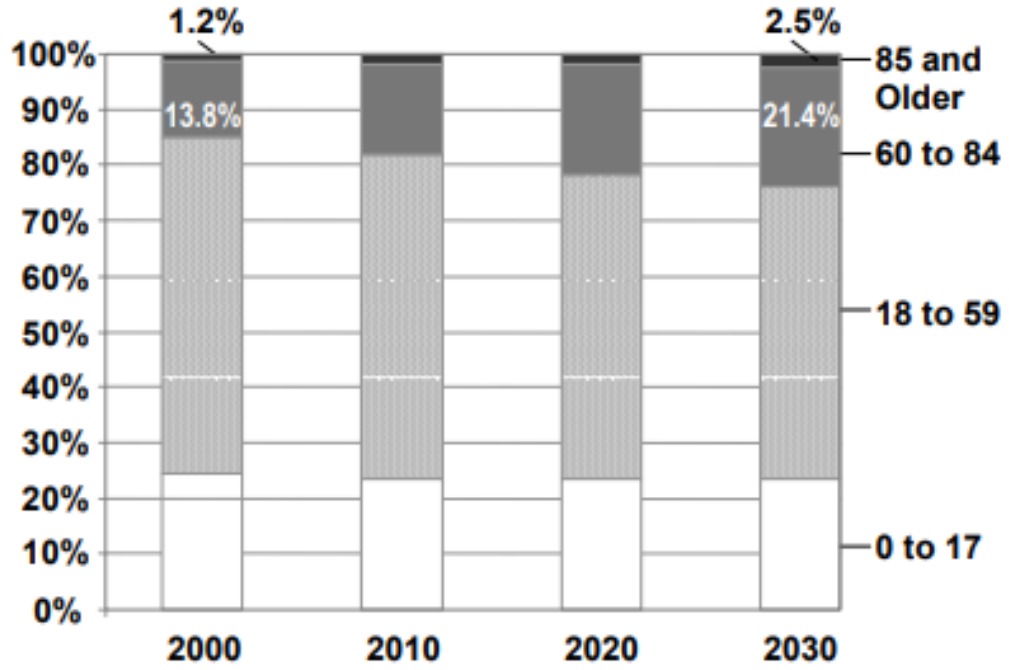
HIGH LEVEL VIEW

KATHY SCHROEDER

The number of older Virginians (those persons who are age 60 or older) will increase substantially over the next 25 years, according to U.S. Census Bureau projections. By 2030, it is projected that there will be about 1.3 million more older Virginians than in 2000 – a 120-percent increase. Older Virginians are also expected to account for a larger proportion of the State's overall population. At present, older Virginians comprise 15 percent of the State's population, but this is projected to increase to 18 percent by 2010, and 22 percent by 2020. By the year 2030, older Virginians will comprise almost one of every four people in the State. This increase is illustrated in the figure below.

Projected Increase in Older Virginians as a Proportion of State's Population

Source: JLARC staff analysis of U.S. Census Bureau Projections.



Seniors account for about 20% of Virginia's Population Now. Their percentage is growing.

The costs associated to care for them cannot Be covered by the Federal and State of Virginia

VIRGINIA IS AT A PIVOTAL CRITICAL POINT

JLARC Report Summary
Impact of an Aging Population
on State Agencies

CRITICAL FACTORS AS A BACKDROP

- Demographic and economic factors, as well as the level of federal funding, will influence the impact that an aging population has on agencies and costs.

- The long-run impact of federal fiscal policies, and spending on services for older persons, has been described as “unsustainable” by the Congressional Budget Office, the Government Accountability Office, and the Social Security and Medicare Trustees.

- The trend towards private equity ownership (in both for profit and non profit facilities) is increasingly making even a mediocre standard of care impossible.

- Facility operators (not the owners) cannot provide adequate care and seniors are being abused, neglected, dying. THIS IS NO SECRET. IT IS DOCUMENTED EVERYWHERE

DESPITE ON-GOING VIRGINIA INSPECTIONS & REPORTING OF PROBLEMS/FAILURES IN NURSING HOMES AND ASSISTED LIVING FACILITIES

- ❑ CARE IS AWFUL, PEOPLE INJURED, ABUSED, NEGLECTED
- ❑ FACILITIES NOT FINED - NO ENFORCEMENT OF PENALTIES
- ❑ THE VIRGINIA LICENSURE OF NURSING GROUPS ARE LAX
- ❑ LOBBYISTS CONTINUE TO INFLUENCE STATE AND FEDERAL LEGISLATORS

TO REITERATE:

SENIORS ARE HARMED AND DYING
ENFORCEMENT IS A NOT HAPPENING
NURSING STAFFING NEEDS TO RAISED TO HIGHER STANDARD
(STAFF RATIOS – TRAINING- PAY & BENEFITS)
PENALTIES FOR FAILURES NEED TO SIGNIFICANTLY INCREASE

WHAT PERCENTAGE OF THE VIRGINIA ATTORNEY GENERAL'S INVESTIGATIONS RESULT IN SEVERE PENALTIES?

A CRITICAL NEED EXISTS TO ACT NOW

BECAUSE THE VIRGINIA ELDER POPULATION IS INCREASING
BECAUSE VIRGINIA HAS A DREADFUL,POOR NATIONAL RANKING IN ELDER CARE
BECAUSE THE COSTS TO CARE FOR ELDERS ARE EXPONENTIALLY INCREASING
BECAUSE THERE WILL BE SHORTAGES IN FEDERAL & STATE FUNDING

VIRGINIA MUST ACT NOW TO ADDRESS THESE COMPLEX ISSUES

IMPROVE CARE SIGNIFICANTLY
LEGISLATE CNA/NURSING STAFF REQUIREMENTS
MANDATE BETTER TRAINED STAFF
PROVIDE FOR BETTER PAY AND BENEFITS TO REDUCE CHURN WHICH CONTRIBUTES TO ACCIDENTS
REQUIRE FACILITY OPERATORS AND OWNERS TO PROVIDE:

- -DETAILED FINANCIAL QUARTERLY REPORTING WITH STATE AUDITING
- -PROVIDE OPERATIONAL PROCEDURES AND SAFEGUARDS